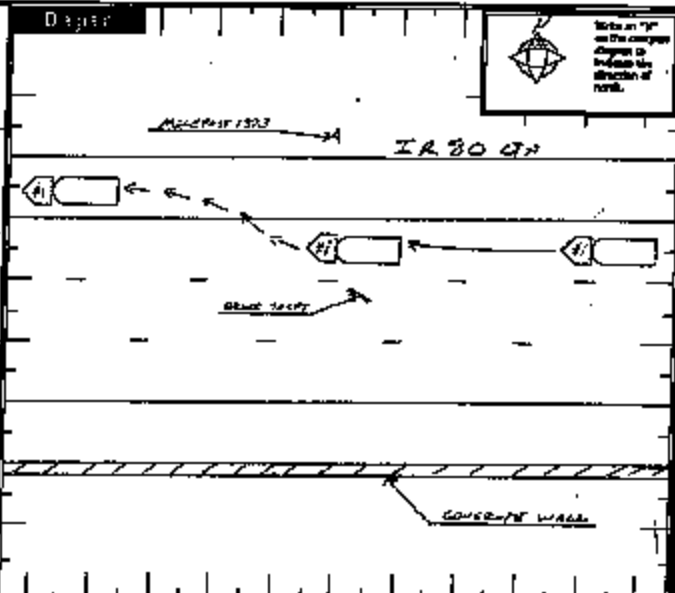


No. 1116

UNIT #1 WAS WEST BOUND ON THE OHIO TURNPIKE THE DRIVE SHAFT BROKE OFF UNIT #1 CAUSING UNDERCARRIAGE DAMAGE UNIT #1 PULLED TO THE SHOULDER AND THE DRIVE SHAFT CAME TO REST IN THE ROADWAY

- REPAIRS BY CALL NUMBER**
- 1 NEW COLLARS/STABILIZERS
 - 2 WHEELS/STRUTS
 - 3 SHOCKS
 - 4 BRAKE DRUMS
 - 5 BRAKES
 - 6 AXLES
 - 7 DRIVE SHAFTS AND COAXIALS
 - 8 DRIVE SHAFTS/COAXIALS
 - 9 MOUNTS
- OTHER ONE REQUIRED**
- 1 NO
 - 2 NO, REPAIRS REQUIRED
 - 3 NO, REPAIRS REQUIRED
 - 4 REPAIRS
 - 5 REPAIRS
 - 6 REPAIRS
 - 7 REPAIRS
 - 8 REPAIRS
 - 9 REPAIRS
 - 10 REPAIRS
- REPAIRS**
- 1 COIL
 - 2 CLUTCH
 - 3 FLY, PLY, SHAFT
 - 4 AIR
 - 5 AIR, FAN, CHASSIS MOUNTING
 - 6 AIR
 - 7 DRIVE SHAFTS
 - 8 DRIVE SHAFTS, PLY, SHAFT
 - 9 DRIVE
 - 10 DRIVE
- LIGHT EQUIPMENT**
- 1 BATTERY
 - 2 BATTERY
 - 3 BATTERY
 - 4 BATTERY
 - 5 BATTERY
 - 6 BATTERY
 - 7 BATTERY
 - 8 BATTERY
 - 9 BATTERY
 - 10 BATTERY



TRUCK # 01

OWNER INFORMATION

J. R. TRANSPORT
 P.O. BOX 1495 HERFORD TX 76045

PHONE 435-480-8071

PLATE 857370 **REG** 372134 **CLASS** TX **EXPIRES** 07

CLASSIFICATION 3 **WEIGHT (GVW/G)** 1 **CLASS** 1

REGISTRATION FEE 3 **SALES TAX** 1 **SALES TAX** 1

Police Station 03302007 0727 0727 0743 1177 0 180

Officer J.P.A. SPROCKET **Officer** SGT. N. HERBERT **Officer** 07022007

REPORT MADE AT 10-911-0205

LOCAL REPORT NUMBER 10-91-0205	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH NOV 30 1987
IN COUNTY OF PORTAGE	CRASH LOCATION OHIO TURNPIKE - WB - MP 189.3	

UNIT #1

DAMAGE - DRIVE SHAFT OF UNIT #1 BROKEN AND
UNDER CARRIAGE DAMAGE

NO DAMAGE TO PROPERTY

DRIVE SHAFT FROM UNIT #1 WAS REMOVED FROM CENTER LANE
BY DAVE THURSTON. THE DRIVE SHAFT WAS MOST
FOUND AT MILEPOST 189.3.

SEVERAL VEHICLES STOPPED THE DRIVE SHAFT BEFORE IT COULD
BE REMOVED.

NO PHYSICAL EVIDENCE WAS LOCATED IN OR ON THE ROADWAY

TRUCK UNIT #1

1988 LITTELL TRAILER

RIG [REDACTED] TX

OWNER: [REDACTED]

WRETFORD TX [REDACTED]

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 1019
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10-91-0205

OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
DISTRICT 10 BEREA
TELEPHONE: (440) 234-2006 EXT 1285.
Return certification to agency listed below.

DRIVER/VEHICLE EXAMINATION REPORT
Report Number: OH0775003288
Inspection Date: 03/30/2007
Start Time: 11:39 AM End Time: 12:10 PM
Insp. Level: 2-Walk-Around, No HM Insp.

HEREFORD, TX
USDOT#: 00837370
MC/MCR#: 372164
State#: [REDACTED]
Location: TURNPIKE
Highway: I700
County: PORTAGE, OH
Phone#: [REDACTED]
Fax#: [REDACTED]
Driver: [REDACTED]
License#: [REDACTED] State: TX
Date of Birth: 01/14/1967
Co/Driver:
License#: [REDACTED] State:
Date of Birth:
Mile Post: 189 Shipper: HOLLINGSWORTH & VOSE CO
Origin: WEST GROTON, MA Bill of Lading: 440885
Destination: CLEARFIELD, UT Cargo: GENERAL FREIGHT

Unit	Type	Make	Year	State	License #	Company #	VIN #	GVWR	GVSA #	QOSB
1	TT	FREIT	1998	TX	[REDACTED]	1	1FUJDKYB48H[REDACTED]			
2	ST	UTL	1998	TX	[REDACTED]	1T	1UVV92536W4[REDACTED]			

BRAKE ADJUSTMENTS No Brake Measurements Required For Level 2

VIOLATIONS

Section Code	Type	Unit	QOS	Citation #	Verify	Crash	Violations Discovered
363.8(a)	F	1	N		N	N	Inoperable required lamp. AMBER ID.
366.3(a)(1)	F	1	N		N	Y	Inspector/repair and maint parts & accessories. DRIVESHAFT FELL FROM VEHICLE ONTO PAVEMENT.

HazMat: No HM Transported. Pilecard: No Cargo Tank:
Special Checks: Post Crash

State Information:
FMCSA Credentials Verified (Y/N): N; CDL Verified (Y/N): Y; FMCSA OOS Order Issued (Y/N): N; For-Hire Carrier: Y; Reason Code: CRAB;
Fees Paid (Y/N): N; Driver Address: 1919 E 4TH ST; Driver City: ODESSA; Driver State: TX; Driver Zip: 77681; Photos Taken (Y/N): N;

All violations of the FMHR and FMCSR or Title 49 of the Ohio Revised Code will be reviewed by the PUCO's Transportation Department to determine whether civil forfeitures should be assessed against any responsible parties in accordance with the penalty provisions of Title 49 of the Ohio Revised Code. If civil forfeitures are assessed, you will receive a separate notice by mail. These penalties may be assessed to motor carriers, shippers, and/or drivers.

ATTENTION DRIVER: This report must be sent to the motor carrier whose name appears at the top of this inspection report within 24 hours. If the inspection report cannot be delivered within 24 hours the driver must mail or fax the inspection report to the motor carrier.

ATTENTION MOTOR CARRIER: The motor carrier must examine this report and repair all the vehicle defects/violations noted above. AND The motor carrier must sign the Certification of Repairs below and return the signed form to: Public Utilities Commission of Ohio-TASD; 160 E. Broad St.; Columbus, Oh; 43216-3789; Fax (614) 782-9274 within 15 days of the inspection. Failure to return this report with the required certification can result in penalties of up to \$500.

MOTOR CARRIER CERTIFICATION OF COMPLETED REPAIRS: The undersigned certifies that all violations noted on this report have been corrected and action taken to assure compliance with the Federal Motor Carrier Safety & Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. A false certification of repairs is required to be prosecuted with penalties up to \$10,000.

Signature Of Motor Carrier X: _____ Title: _____ Date: _____

Report Prepared By:
BENNETT, F.M. TROOPER

Badge #: 0778

Copy Received By:
JOSE RENDON

Page 1 of 1



X *F.M. Bennett*

X

OH0775003288

10-91-0205



OHIO STATE HIGHWAY PATROL
MOTOR CARRIER ENFORCEMENT
DISTRICT 10 BEREA
TELEPHONE: (440) 234-2098 EXT 1255.
Return certification to agency listed below.

DRIVER/VEHICLE EXAMINATION REPORT
Report #: OH0776008266
Date: 03/30/2007
Start Time: 11:33 AM End Time: 12:10 PM
Insp. Level: 2-Walk-Around, No HM Insp.

HEREFORD, TX

Phone#:

USDOT#: 08837370

State:

Fault:

MC/MDX: 372184

Driver:

License#:

Date of Birth: 01/14/1967

CoDriver:

License#:

Date of Birth:

State: TX

State:

Inspection Notes

CRASH #S 10-91-203 THRU & INCL 208. INVESTIGATED BY TPR SPROCKET & TPR SHAW. DRIVESHAFT FELL FROM UNIT 1 ONTO THE PAVEMENT. SEVERAL VEHICLES DROVE OVER DRIVESHAFT DAMAGING THEIR VEHICLES. NOTHING FOUND TO INDICATE A PRIOR PROBLEM WITH UNIT 1 THAT COULD HAVE PROVIDED A WARNING THAT DRIVESHAFT WAS GOING TO SEPARATE ITSELF. ALL SUSPENSION, BRAKING, TIRE COMPONENTS IN VERY GOOD WORKING CONDITION.

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH3 REV 1/82

LOCAL REPORT NUMBER 10-91-0205	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH NOV 30 1982
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FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] (PRINT NAME) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
T.P.R. L SPROCKETT AT SCENE
 (OFFICER'S NAME) (LOCATION)

Q I WAS DRIVING DOWN THE ROAD AND I FELT A VIBRATION AND HEAR A BEE NOISE. I THEN TRIED TO CUT OFF TO THE RIGHT.

Q WHAT LANE WERE YOU IN?

A I WAS IN THE RIGHT LANE I TRIED TO ~~TURN~~ GO TO THE MIDDLE LANE AND THAT IS WHEN I FELT THE VIBRATION AND THE NOISE.

Q HOW FAST WERE YOU GOING?

A I JUST CAME WITH THE TRAFFIC

Q CAN YOU GUESS HOW FAST YOU WERE GOING?

A NO. 60-62 MPH

Q ARE YOU INJURED?

A NO.

Q WHAT TIME DID THE CRASH OCCUR?

A ABOUT 8:45 AM.

Q DID YOU STRIKE ANYONE?

A NO.

Q WHERE ARE YOU COMING FROM?

A I'M COMING FROM MASS AND GOING TO WANT LANE LEFT BY.

Q WHAT ARE YOU HAULING?

A I DO NOT KNOW I THINK IT IS FOAM FOR AIR CONDITIONING

ADDRESS OF WITNESS [REDACTED] PHONE [REDACTED]
 00536 TX [REDACTED]
 SIGNATURE OF WITNESS [REDACTED] OFFICER'S SIGNATURE [REDACTED]

OHIO TRAFFIC CRASH WITNESS STATEMENT

OHS REV 1/82

LOCAL REPORT NUMBER 10-91-0205	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH NOV 10 2016
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FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [REDACTED] (PRINTED) _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPR. L. SPROCKETT (OFFICER'S NAME) AT SCENE (LOCATION)

Q WHEN DID YOU HAVE YOUR TRUCK INSURED LAST?

A 4000 MILES AGO

Q WHERE DID YOU HAVE IT SERVICED?

A 13-LEAVE IN ODESSA TX.

Q HAVE THERE BEEN ANY MECHANICAL PROBLEMS WITH THE TRUCK?

A NO. I CHANGED THE U-JOINT ON THE DRIVE SHAFT 3 OR 4 MONTHS AGO, IN ARKANSAS.

Q WHY DID YOU CHANGE THE U-JOINT?

A I FELT A VIBRATION I TOOK IT TO THE SHOP AND IT WAS TOO LOOSE.

Q DID YOU DO A PRE-TRIP INSPECTION?

A YES.

Q WHERE AND WHEN DID YOU DO YOUR PRE-TRIP?

A YOUNGSTOWN OH AROUND 5:30 A.M.

ADDRESS OF WITNESS: [REDACTED] PHONE: [REDACTED]

RESIDENCE OF WITNESS: [REDACTED] OFFICER'S SIGNATURE: [Signature]